

# Credential Application

Remit to:  
 State of Wisconsin  
 Department of Commerce-Credentialing  
 P.O. Box 78780  
 Milwaukee WI 53293-0780  
 Phone (608) 261-8500  
 TDD #: (608) 264-8777  
 7:45 a.m. - 4:30 p.m.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU:**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

**Instructions:** Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Applicant's Signature	Date (mo/day/yr)
<b>Applicant Information</b>	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, Internet Address:	

## COMMERCIAL BUILDING INSPECTOR CERTIFICATION

**Application and Exam Fee (nonrefundable): \$30.00** class code 7648

Make checks payable to: Department of Commerce. The fee consists of a \$10 application fee and an exam fee of \$20. When the exam is passed, the applicant will be asked to pay a \$30 credential fee which will be prorated because the credential expires on a specific date. The credential, which will be issued after the exam is passed and the prorated credential fee paid, will be effective for 4 years from June 30<sup>th</sup>. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

A person holding a commercial building inspector certification may apply, without examination, for UDC-construction or UDC-HVAC inspector certification.

**Reason for Credential:** A person who holds a credential issued by the department as a certified commercial building inspector may conduct inspections of public buildings and places of employment for the purpose of administering and enforcing the Commercial Building Code, chs. Comm 61-65. A person who holds a credential as a certified commercial building inspector may conduct inspections of:

- Public buildings and places of employment for the purpose of administering and enforcing the state Commercial Building Code, chs. Comm 61-65.

This credential is mandatory for certified municipalities staff per s. Comm 61.70 and for in-plant inspections of manufactured multi-family dwellings by inspection agencies per s. Comm 61.51 (2).

**Requirements of Credential:** A person who inspects public buildings and places of employment as a certified commercial building inspector shall:

- Maintain a record of the inspections made including the date and the findings of the inspections;
- Provide a copy of the inspection report to the owner of the property or his or her agent; and
- Make available to the department upon request his or her inspection records.

A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

## **APPLYING FOR COMMERCIAL BUILDING INSPECTOR CERTIFICATION**

A person may obtain a credential as a certified commercial building inspector by either one of the following:

Method 1      Taking and passing the commercial building inspector certification examination.

Method 2      Submitting evidence of holding a current a certification as a :

- Commercial Combination Inspector ICC
- Building Inspector ICC
- Combination Plan Examiner ICC
- Commercial Building Inspector and Commercial Mechanical Inspector ICC
- Building Plan Examiner and Mechanical Plan Examiner ICC

OR

Architect  
Engineer

Apply for the credential by following the instructions for either method 1 or method 2.

### **METHOD 1 - Examination**

**Examination:** In order to obtain the credential the applicant must obtain a score of at least 70% on an examination. The exam will cover chapters Comm 5, Wisconsin Administrative Code; WI-Amended 2000 IBC, IMC, IFGC, and IECC; and ANSI A117.1-1998 Accessibility Standard. This exam is open book. Copies of current Wisconsin Administrative Code books may be obtained from Document Sales @ (608) 266-3358 or @ (800) 362-7253. Copies of the enrolled amended IBC, IMC, IFGC, and IECC are available for purchase from our office by using the attached order form. Copies of the ANSI A117.1 standard are available for purchase from [www.intlcodes.org](http://www.intlcodes.org) or Telephone (800) 214-4321.

To schedule an exam:

- In the table below circle the month you would like to take the exam and the city in which you would like to take the exam. Record a telephone number where you can be reached during the day in case the exam center is filled for that date. The department will attempt to call and offer exams at available sites or dates.
- Submit the **FEE AND THIS APPLICATION** with the month and city circled for the exam to the division **at least 30 days in advance of the exam date chosen**. Note you may wish to keep a copy of this letter for your records.

<b>Exam Name:</b>		This is a 4-hour exam and will be scheduled for the a.m.	
<b>Circle the exam location of your choice below.</b> <b>Then below the location, circle the day you would prefer to take the exam.</b>			
<b>2006 Exam Schedule-Soil Testers at Every Site</b>			
<b>GREEN BAY</b> <i>Howard Johnson Inn</i> 2580 S Ashland Ave 920-499-5121	<b>BLACK RIVER FALLS</b> <i>Holiday Inn Express Hotel</i> W10170 Hwy 54 E 715-284-0888	<b>PEWAUKEE</b> <i>Waukesha County Technical College</i> WCTC 800 Main St 262-695-3474	<b>HAYWARD</b> <i>Hayward Inn &amp; Suites</i> 10290 Hwy 27 S (715) 634-4100
August 15		August 1	
	September 19	September 13	
October 10		October 3	October 18
	November 14	November 7	
		December 5	

Day phone number:

<b>2007 Exam Schedule-Soil Testers at Every Site</b>				
<b>GREEN BAY</b> <i>Regency Suites Hotel</i> 333 Main St 920-432-4555 Wednesdays	<b>MADISON</b> <i>Radisson Hotel</i> 517 Grand Canyon Dr. 608-833-0100 Tuesdays	<b>BLACK RIVER FALLS</b> <i>Holiday Inn Express Hotel</i> W10170 Hwy 54 E 715-284-0888 Wednesdays	<b>PEWAUKEE</b> <i>Waukesha County Technical College</i> WCTC 800 Main St 262-695-3474 Wednesdays	<b>HAYWARD</b> <i>Hayward Inn &amp; Suites</i> 10290 Hwy 27 S 715-634-4100 Wednesdays
		January 10	January 17	
February 21		February 7	February 14	
		March 7	March 14	
April 11	April 24	April 4		April 18
		May 9	May 16	
June 6		June 13	June 20	
		July 11	July 18	
August 8	August 21	August 15		
		September 12	September 19	
October 3		October 10	October 17	October 24
		November 7	November 14	
	December 11			

Day phone number:

A letter confirming the exact date, time and location will be sent to you.

## METHOD 2 – Proof of Current Licensure

The fee for applying for the credential using method 2 is as specified in the following table:

Month Application is mailed	Fee	Month Application is mailed	Fee	Month Application is mailed	Fee
January	\$36.25	May	\$33.75	September	\$38.75
February	\$35.63	June	\$33.13	October	\$38.13
March	\$35.00	July	\$40.00	November	\$37.50
April	\$34.38	August	\$39.38	December	\$36.88

Record the amount of the fee you will be sending in the box below:

**Fee Submitted (nonrefundable):**  \$  class code 7648

Make checks payable to: Safety and Buildings Division. The credential will be effective for 4 years from June 30<sup>th</sup>. Applications may be hand delivered to 201 W. Washington Ave, Fourth Floor, Madison, WI between the hours of 7:45 a.m. and 4:30 p.m., Monday through Friday.

**ATTACH** to this form a copy of a current certification as a :

. Commercial Combination Inspector ICC

Building Inspector ICC

Combination Plan Examiner ICC

Commercial Building Inspector and Commercial Mechanical Inspector ICC

Building Plan Examiner and Mechanical Plan Examiner ICC

OR

Architect

Engineer

**Education Hours Required to Renew:** The renewal of a credential as a certified commercial building inspector which has an expiration date after June 30, 2006, shall be contingent upon the inspector obtaining at least 24 hours of acceptable continuing education by March 30th of the year the credential expires. People unable to attend lectures or seminars may be able to obtain the necessary hours through correspondence courses. Correspondence courses must also be completed at least three months prior to the expiration date in order to avoid taking the exam. A person who holds a credential as a certified commercial building inspector may apply to the department for waiver of the continuing education requirements on the grounds of prolonged illness or disability or similar circumstances. Each application for waiver shall be considered individually on its merits by the department.



# Order Form - *Wisconsin Enrolled Commercial Building Code*

Number of sets of the latest, including replacement pages, copy version (\$130 per set) \_\_\_\_\_

Number of copies of compact-disc version, with replacement pages (\$130 per copy) \_\_\_\_\_

Number of sets of 2002 replacement pages (\$10 per set) \_\_\_\_\_

Number of sets of 2003 replacement pages (\$10 per set) \_\_\_\_\_

Send check for the total amount (S&B cannot accept credit or debit card purchases) to the  
"Safety and Buildings Division" Attn: Roberta Ward, P.O. Box 2689, Madison WI 53701

Company or individual name: \_\_\_\_\_

Shipping street address: \_\_\_\_\_

Your Federal Express customer number for overnight shipping: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fiscal code 8035 Personal information you provide may be used for secondary purposes [Privacy Law, s. 1504(1)(m)]